

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	REU	68904	10/13/00
O.I.P.E. CLASSIFIER	EW	32	10/11/00
FORMALITY REVIEW	HI	54	10/01/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral).... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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